United Nations E/CN.9/2014/NGO/3

Economic and Social Council

Distr.: General
21 January 2014

Original: English

Commission on Population and Development
Forty-seventh session
7-11 April 2014
General debate on national experience in population matters: assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development

Statement submitted by Minnesota Citizens Concerned for Life Education Fund, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

14-21106 (E) 230114

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Statement

Prioritizing maternal health

On the twentieth anniversary of the International Conference on Population and Development, important progress has been made towards the implementation of the Programme of Action, but much work remains. As a non-governmental organization dedicated to the protection of innocent human life worldwide, the Minnesota Citizens Concerned for Life Education Fund calls on Member States to prioritize the improvement of maternal health care and a reduction in the number of abortions. We look forward to the discussion of this year's theme "Assessment of the status of the implementation of the Programme of Action of the International Conference on Population and Development".

Maternal mortality

The Programme of Action calls for reducing the incidence of maternal mortality and morbidity and expanding the provision of maternal health care, including obstetric care, maternal nutrition, delivery assistance and trained birth attendants. Headway has been made towards these goals. According to the World Health Organization (WHO), worldwide maternal deaths declined 47 per cent from 1990 to 2010. WHO attributes this success to improvements in health systems and increased female education, among other possible factors. The proportion of births attended by qualified personnel in developing areas increased from 55 per cent in 1990 to 65 per cent in 2009, according to the *Millennium Development Goals Report 2011*.

It is clear, however, that many countries are unlikely to meet the Millennium Development Goals target of a 75 per cent reduction in the maternal mortality ratio (maternal deaths per 100,000 live births) by 2015. An estimated 287,000 maternal deaths occurred in 2010, most of them in the developing world, particularly in sub-Saharan Africa and South Asia. This is unacceptable. Most maternal deaths can be prevented with adequate nutrition, skilled birth attendants and basic care before, during and after childbirth. Good maternal health care has saved lives in the developed world and, increasingly, in developing countries, but it is still utterly lacking in large areas of the world. Only by prioritizing maternal care and using limited resources wisely can high mortality ratios be substantially reduced.

Abortion and maternal health

The effort to reduce maternal mortality and morbidity should not use limited resources to legalize, promote or expand access to abortion. Maternal health depends far more on the quality of medical care (and related factors) than on the legal status or availability of abortion. It is true that many countries that prohibit non-therapeutic abortion have a high incidence of maternal mortality, while many of those that permit non-therapeutic abortion have a low incidence of maternal mortality. But correlation is not the same as causation. Most countries with high maternal mortality are developing countries with poor maternal health care, while those with low mortality are developed countries with superior resources and care. This is true regardless of abortion policy.

Maternal mortality declined dramatically in the developed world as a result of advances in modern medicine that took place before the widespread legalization of abortion. Today Ireland, Poland, Malta and Chile severely restrict or prohibit abortion and yet have very low maternal mortality ratios. And among the few countries that achieved a 75 per cent reduction in their maternal mortality ratios (a target of Millennium Development Goal 5) by 2010, Maldives, Bhutan and the Islamic Republic of Iran did so while generally prohibiting abortion. Finally, after Chile banned abortion in 1989, its maternal mortality ratio continued to decline significantly and at about the same rate, dropping 69.2 per cent over the next 14 years, according to a 2012 study by Elard Koch and others. Even maternal deaths due specifically to abortion declined from 10.78 abortion deaths per 100,000 live births in 1989 to 0.83 in 2007, a reduction of 92.3 per cent after abortion was made illegal. Legalizing abortion, the study's authors conclude, is demonstrably unnecessary for the improvement of maternal health and the saving of women's lives.

Nor is legalized abortion required by any right to health protected under international law. No United Nations treaty can fairly be construed as creating a right to abortion. On the contrary, various international documents such as the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights and the Convention on the Rights of the Child provide support for the protection of human beings at all developmental stages and in all conditions, including human beings in utero. The Programme of Action also affirms the equal dignity and right to life of every human being (chap. II, principle 1).

Efforts to legalize or expand abortion can be detrimental to the health and safety of pregnant women. Abortion poses serious physical and psychological risks. These risks include immediate complications such as hemorrhage, infection and death as well as long-term risks such as breast cancer. A wealth of worldwide research has established that abortion increases the risk of subsequent preterm birth, which can cause death or disability in newborn children. Abortion has also been associated with a variety of psychological and social problems, including depression, drug abuse and suicide. Moreover, the health risks of abortion are exacerbated in countries where basic health care is lacking. The legalization or expansion of abortion in such countries can increase the incidence of abortion, increasing the number of women subjected to the risks of abortion.

Abortion and the Programme of Action

The Programme of Action states that Governments should help women avoid abortion and that abortion should never be promoted as a method of family planning (para. 7.24). The Programme of Action also states that changes to abortion policy should be made at the local or national level (para. 8.25). The Minnesota Citizens Concerned for Life Education Fund has worked for decades at the local level to reduce the number of abortions. For example, a law enacted to provide pregnant women with basic factual information prior to undergoing abortion has helped reduce the incidence of abortion in Minnesota. This law is consistent with the recommendation contained in the Programme of Action to provide pregnant women with accurate information and counselling (para. 8.25). Legislation was also enacted to provide state grants to programmes offering assistance to pregnant women. These programmes provide education and practical aid to women in need and offer positive alternatives to abortion. Through policies like these enacted at the local or

national level Member States can fulfil the call in the Programme of Action to help women and prevent abortion.

Recommendations

We urge Member States to make every effort to improve maternal health care in order to save women's lives. This should not include calls or efforts to legalize or promote abortion. Consistent with the Programme of Action of the International Conference on Population and Development, Member States should seek to prevent abortion and assist pregnant women and women who have undergone abortions. Changes in abortion policy must be determined at the local or national level.